

KENTUCKY REGISTRY OF ELECTION FINANCE

140 Walnut Street, Frankfort, KY 40601-3240

(502) 573-2226 / FAX (502) 573-5622

www.kref.ky.gov

REGISTRY USE

GOVERNATORIAL SLATE CAMPAIGN COMMITTEE REGISTRATION

Please type or print

Committee Name - Do not include slate candidate's names in committee name unless authorized by candidates (KRS 121.210(4)). Acronyms are permitted, but full title from which derived must be shown (KRS 121.170).

Mailing address (including city, state and zip) () -
Daytime Telephone Number

Date committee plans to be active: From: ____/____/____ Thru: ____/____/____

Date Received

Date Approved

NOTE: The chairman and the treasurer of a committee shall be separate persons - KRS 121.170(4)

CHAIRMAN INFORMATION:

Daytime Telephone Number: () -

Home Telephone Number: () -

E-mail Address: _____

Name

Mailing address (including city, state and zip)

TREASURER INFORMATION:

Daytime Telephone Number: () -

Home Telephone Number: () -

E-mail Address: _____

Name

Mailing address (including city, state and zip)

CUSTODIAN OF FINANCIAL RECORDS INFORMATION:

(If other than treasurer)

Daytime Telephone Number: () -

Home Telephone Number: () -

E-mail Address: _____

Name

Mailing address (including city, state and zip)

Primary Depository - Designate the depository bank or financial institution in which the committee will maintain its funds.

Name of bank or institution

Mailing Address (Including city, state and zip)

CANDIDATE FOR GOVERNOR TO BE SUPPORTED BY COMMITTEE:

_____/_____/_____
Name Date of Birth Party Affiliation

Mailing Address (Including city, state and zip)

CANDIDATE FOR GOVERNOR AUTHORIZATION - I have read and understand the conditions of KRS 121.180(9); and further understand that I am personally relieved from filing the CANDIDATE ELECTION FINANCE STATEMENT, as long as I comply with these conditions. I will immediately notify the Registry of Election Finance if I can no longer comply with these conditions and I will file any and all reports required by KRS Chapter 121.

I, _____, hereby agree to the above statement and authorize the
Print Candidate's Name
use of my name by this committee.

Signature of Candidate For Governor Date

CANDIDATE FOR LT. GOVERNOR TO BE SUPPORTED BY COMMITTEE:

_____/_____/_____
Name Date of Birth Party Affiliation

Mailing Address (Including city, state and zip)

CANDIDATE FOR LT. GOVERNOR AUTHORIZATION - I have read and understand the conditions of KRS 121.180(9); and further understand that I am personally relieved from filing the CANDIDATE ELECTION FINANCE STATEMENT, as long as I comply with these conditions. I will immediately notify the Registry of Election Finance if I can no longer comply with these conditions and I will file any and all reports required by KRS Chapter 121.

I, _____, hereby agree to the above statement and authorize the
Print Candidate's Name
use of my name by this committee.

Signature of Candidate For Lt. Governor Date

VERIFICATION BY OATH OR AFFIRMATION

We, the undersigned, state we are the Chairman and Treasurer of the above described committee and this Gubernatorial Slate Campaign Committee Registration is true, correct and complete.

Signature of Chairman

Date

Signature of Treasurer

Date